

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001551

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

361

FILED FEB 6 1963

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BENTON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | c. CITY OR TOWN LINCOLN | |
| Length of stay in 1b 3Mo 20 Days | | Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL | | d. STREET ADDRESS (If outside, give location) RR #2, | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First AMOS Middle CLAUS Last EHLERS | | 4. DATE OF DEATH Month JANUARY Day 20 Year 1963 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-15-89 |
| 9. AGE (last birthday) 73 YRS | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE | |
| 11. BIRTHPLACE (City and state or country) MT. HULDA, MO | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME JOHN EHLERS | | 13b. MOTHER'S MAIDEN NAME GAZENA KRONAKE | |
| 14. NAME OF HUSBAND OR WIFE ALVINA EHLERS | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES WWI | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT ALVINA EHLERS WIFE VA HOSPITAL OFFICIAL RECORDS | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HODGKIN'S DISEASE WITH HYDROTHORAX AND MALNUTRITION DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 9 MONTHS | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from OCTOBER 21, 1962 to JANUARY 20, 1963 Death occurred at 12:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE D.B. Hunninghake (Degree or title) | | 22b. ADDRESS M. D. VA HOSPITAL, KANSAS CITY, MO | |
| 22c. DATE SIGNED 1-20-63 | | 22d. LOCATION (City, town, or county) (State) Cole Camp, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 1-20-1962 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hulda | 23d. LOCATION (City, town, or county) Cole Camp, Mo. |
| 24. FUNERAL DIRECTOR Wagner Funeral Home, K. C. Mo. | 25. DATE RECD. BY LOCAL REG. 1-21-63 | 26. REGISTRAR'S SIGNATURE Ruth Long | |

USE BLACK INK.
OR
TYPEWRITER RIBBON

FEB 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Alvin R. Hainscheld

Licensed Embalmer No.

4159

P. O. Address

H. C. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.